

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Kevin Taylor		COURT CASE NUMBER C.A. 04-40163-PBS	
DEFENDANT Harley Lappen, Director- Bureau of Prisons		TYPE OF PROCESS complaint	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Harley Lappen, Director		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) United States Bureau of Prisons Central Office 320 First Street, NW., Washington, DC 20534		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	12
Kevin Taylor Reg. No. 03421-068 Devens- FMC P. O. Box 879. Ayer, MA 01432		Number of parties to be served in this case	12
		Check for service on U.S.A.	2005 AUG 19 3 11 PM

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

(same as above)

Signature of Attorney or other Originator requesting service on behalf of: <i>Kevin Taylor</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7-11-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 16	Signature of Authorized USMS Deputy or Clerk <i>Harley Lappen</i>	Date 7/18/05
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					
Name and title of individual served (if not shown above) <i>Harley Lappen, Exec. Asst.</i>				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) JUL 21 10 11 AM '05				Date of Service 08-02-05	Time 1:39 pm
				Signature of U.S. Marshal or Deputy <i>John [Signature]</i>	
Service Fee \$45	Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or
					Amount of Refund

REMARKS: Process FWD to USMS D/WA, DC 7/18/05 AT

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

UNITED STATES DISTRICT COURT

District of

MASSACHUSETTS

KEVIN TAYLOR,

Plaintiff,

V.

HARLEY LAPPEN, Director,

Federal Bureau of Prisons, et al.,

Defendants.

SUMMONS IN A CIVIL CASE

CASE NUMBER: 04-40163-PBS

TO: (Name and address of Defendant)

HARLEY LAPPEN, Director, Bureau of Prisons, Central Office

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Sarah Allison
CLERK

(By) DEPUTY CLERK



DATE

8/16/05